Village or City NAME Boby Boyce	St.: Ward) Start OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5 2 , 1924
6 DATE OF BIRTH (Month) (Day) (Year)	17 I AFRED CARTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) Trade, profession of particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed). *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of dea.h?
(Informant) (Address) Ruguy Ms Filed May 31 1981 Illauin S. Bright Focal Registrary	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Continued to the second of the

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material who are engaged in the duties of the Stationary fireman, etc. Locomotive engineer, But in many

ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> tetunus) may be stated under the head of "contributory." approved by Committee on Nomenclature use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart Inlure, Inaction," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic Example: Measles (disease valvular heart disease; etc. The contributory not be

permanently filed data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooks Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton additional line is provided for the latter statement; if to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know in the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, For many occupations a single word or term on s, that fact may be indicated thus; Farmer (nown). For persons who have no occupation or write None. (b) Automobile factory. The material and children, not gainfully em-Locomotive engineer,

Strtement of Cause of Death—Name, first, the Disease is consisted death. It is presented to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal finer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Brouchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is Icss definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Committee on Nomenclature of the Chronic The nature of the injury, valvular heart etc. The contributory not be disease ;

CERTIFICATE OF DEATH Registration Dist. No. 2 (If death occurred in hospital or institution, give its NAME in a hospital or institution in a hospital in a hospital or institution in a hospital in	1PLACE OF DEATH	STATE OF MARYLAND
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Village or City		ni Es
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PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WARRIED WHO WED WHO WHO WHO WED WHO WHO WED		tion, give its NAME in stead of street and
SEX 4 COLOR OR RACE SINGLE MARKED. WIDOWED. OR DIVIDED ON THE PATHER WE CHARLES THE TOTHER BEST OF MY KNOWLEDGE (State or country) SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) So PATHER WE ARE STATE TO THE BEST OF MY KNOWLEDGE (State or Country) The CAUSE OF DEATH Was as a follows: Signed Washington, or, in deaths from State (State or Country) Some of Mortier of Industry and (2) Whether Accidental, Suicidal or Homicidal. Signed Washington, or, in deaths from State (State or Country) Signed Washington, or, in deaths from	2FULL NAME	number.)
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Filed May 190 From Registrar 7. C. Thomas Mary 13-13	CV and Mark	Ol 2 1 02 2 m/41/3 31
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	If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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answered in detail, it will prevent further correspondence.

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permanently filed.

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. If this capproved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, earbolic.acid-probably suicide. The nature of the injury taken. FOR VIOLENT DEATHS State MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condidertificate is looked over thoroughly and all qu stions cough; Chronic etc. The contributory valvular heart Always qualify all not be disease;

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TE PL. ALY THE UNFADING INK-THIS IS A PERMANATION OF	om of information should be carefully supplied. ACE should be stated EXACTLY, PMYS hould, state CAUSE OF DEATH in plain terms so that it may be properly classified. Exa	it of Occupation is very important. See instructions on back of certificate.
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PLACE OF DEATH	STATE OF MARYLAND
County Cley Alle	CERTIFICATE OF DEATH
Piles	Registration Dist. No. 2.1
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH MGG 6 , 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH ROL KUGUS, (Month) (Day) (Year)	17 LHEREBY CERTIFY, That I attended the deceased from 192/. to 30, 162/., that I last saw her alive on April 28, 192/
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE Of DEATH = was a viole well as the color of the c
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration Vis. C. 11909. de.
State or country less Alues Colled	Contributory AM (Duratish) 1 718 6 mgs / ds.
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of MOTHER DOUL HUSON 13 BIRTHPLACE (V	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER Soul Puger (State or Country)	At place of death yrs mos ds. In the State yrs de. Where was disease contracted,
(Information of the BEST OF MY KNOWLEDGE	Former or usuel residence
(Address) Rece Bld	Barcley Cen May 8, 1981
Filed May 6 1931 71. H First Registrar	20 UNDERTAKER TOUR Church the
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

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> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BURRAT	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			•

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19. UNDERTAKER

20, FILED / May

(Address)

No. 1

DEATH	06	() \$5
egistration Dist. No	25	2Ward
ve its NAME instead of str on birth?yrs		
nonresident give city or t	own and S	State
FICATE OF DE	The second second	
ay 5 nth) (Day)		193 (Year)
ERTIFY, That I	attendod d	eceasad from
e, atm. related causes of importa	nce	Detectors
I saw law	novo	Date of onset
	********	:
	Date of	be o
/IOLENCE) fill in also the	following	:
Date of injur		
pecify city or town, count USTRY, in HOME, or In Pt	y and State JBLIC PL	ACE.
ated to occupation of dec	eased?	10

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	ONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	5 16080 STATE OF MARYLAND
County Guess Church	CERTIFICATE OF DEATH
01	Registration Dist. No. 254
Village or City Trasounly.	e. yy . (If death occurred in
2FULL NAME Charles / Yeury	Buffu Massel (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 20, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 9, 1909	192, 192, 192,
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. / mos. / ds. or min.?	The CABLE OF DEATH * was a follows:
8 OCCUPATION (a) Trade, profession or	Electroculto while working on
particular kind of work	hale of Med Light + Poron Co.
(b) General nature-of industry business, or establishment in	() Level Marraus
which employed or (employer)	(Duration) yrsds.
9 BIRTHPLACE (State or country) Mary Caul	Contributory Secondary (Durstion)
FATHER & Thomas Marry	(Signed) Johnson William Coroner or tag Media
O 11 BIRTHPLACE OF FATHER	(Juleus/skur
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME COYAL CULTY TO	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) My Can A	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
DEH m	Former or usual residence
(Address) Massey - Mil	Massey - Md. May V3. 1931
15 Filed May 23192, - Velen Maldridge Registrary	Parlo gras Centrevelle
IF more b.anks are needed, addre.s tate Registras	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more process of mine, etc. Wom-loborer, Farm laborer, Loborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, Compositor, Architect, For persons who have no occupation (b) Automobile foctory. The material Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E haustion, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, Whooping American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ," "Heart failure;" "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart The contributory Always qualify all not be

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative health-fulness of various nursuits can be known. The question applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning cfillness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "La rer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, yrs). Farm la withou For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed more precise specification as Day er, Loborer--Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. inges perilonacum, etc. "Inanition," "Marumus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained in the cause. Always qualify all
diseases resulting from childbirth or miscarriage as "Debility" ("Congenial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," tions, such as "Ast" "An aemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless imports Chronic interstitial neahritis, etc. The con (secondary or intercurrent) affection need Chronic interstitial ne use of "Tumor" for unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, State cause for which surgical operation "PUERPERAL septicaemia," "PUERPERAL peritouilis," etc. causing Whooping cough; carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds ritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin, "Cancer" is less definite; avoid malignant neoplasms); Measles; Brouchopneumonia (secondary), onic - valvular Example: Weasles (disease The nature of the injury The contributory OF HOMICIDAL, heart was undernot be discase;

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm loborer, Laborer-Coal mine, etc., Womwithout more precise specification as Doy (b) Automobile foctory. The material (a) the kind of work and also (b) the (6) Grocery,

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approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, Whooping inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Never report mere symptoms or terminal condior intercurrent) cough; Chronic valvular heart disease; affection need etc. The contributory not be

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1 Ct -in	Registration Dist. No. 253
Village or City VILLE (No. 10	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME / LUCU /	ulknow number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OW DIVORCED (Write the word)	To DATE OF DEATHURY 15, 1931.
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That Last nded the deceased from
Mar 89	NOV. 10 192 9 to Mars 15,131
(Month) (Day) (Year)	that I last saw h la alive on May 14, 1931,
7 AGE	The state of the s
HO yrs. 2 mos. ds. or min.	4
8 OCCUPATION //	Chronic Andreand, Lis untralis
(a) Trade, profession or fousewife	unte Decouvelle of
(b) General nature of industry	Aluni 9
business, or establishment in which employed or (employer)	do.
9 BIRTHPLACE	Contributory Secondary
(State or country)	Descript yre mos de.
10 NAME OF A STATE OF	(Signed) MOOUT JULLULASET M. D.
11 BIRTHPLACE	May 15 1923 (Address) Stevens will
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of injury and (2) Whether
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER MIKNOWN	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) albert Melkinson	usual residence
(Address) Stevensville	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL MAN 1, 1931
Filed May 16198 J. C. Choma Registrai	20 UNDERTAKER ADDRESS Stevensville
1 Col	r, 16 W. Saratoga St., Balto., Kequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

wark, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many tion applies to c ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Hausekeepers who receive a laborer, Farm laborer, Laborer-Caul mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement Spinner, (b) Cottan mill; (a) Salesman, cases, especially in industrial employments, it is neces-Physician, Compositar, Architect, Locamotive engineer the first line will be sufficient, e. g., Farmer or Planter, r," etc., Fareman, For many occupations a single word or term or without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicacrata," "PUERPERAL peritoritis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumania (secondary), use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Paisaned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as prabably such, if impossible to determine definitely. State cause for which surgical operation was under-Whoaping cough; perilanaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-Chronic etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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PLACE) OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME is stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY. That attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows min.? mos. BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 01 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of deathyrs.......mos.......ds. State.....yrs.....mos.....ds. (State or Country) Where was disease contracted, if not at place of dea h? 14 THE ABOVE IS TRUE Former or usual res.dence (Informant) DATE OF BURIAL 19 PAACE OF BURNAL ADDRESS 20 UNDERTAKER Registra

If more b.anks are needed, addre a tate Negletrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Stretement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), (secondar) or intercurrent) Chronic interstitial nephritis, Whooping lclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuky State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; "Heart failure," "Iaemorrhage, Chronic Example: Measles (disease affection need not be etc. valvular heart The contributory disease;

HEREBY CERTIFY. That I attended the deceased from and that death occurred on the dete stated ebove, at *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State, yrs. mos. da DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write Nonc. tired '6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form parts of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer. Laborer-Coal mine, etc. Won-Spinner, (b) Cotton mill; (a) Salesman, (b) (irocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary freemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation -- Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on The ques-

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Creebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningtis"); Diphtheria (avoid use of "Croup"); Spinal meningtis"); Diphtheria (avoid pneumonia"): Lobur pneumonia, Bronchopneumonia ("Pneumonia")

> ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, STICIDAL, OF HOMICIDAL, OF "PUERPIRAL seplicaemia." "PUERPERAL peritonitis." etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all State cause for which surgical operation was under-"Uraemia," "Weeknes." etc., when a definite disease rhage." "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart vulsions." symptomatic), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death). 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Caneer" is less definite; avoid inges. peritonueum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or (Recommendations on state-Example: Measles (disease Struck by railway failure." "Haemorterminal (second-(merely